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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Fast Oil & Lube Punta Gorda, Inc.

P11000077681

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Singleton
Name of Contact Person

Fast Oil & Lube Punta Gorda, Inc.

Firm/Company

P.O. Box 358058

Gainesville, FL 32635

City/State and Zip Code

adam@fastoilandlube.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Singleton

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		•				
	statement of cha	provisions of sections 607.0502 inge is submitted for a corporati r to change its registered office	on organized under the law	s of the State of <u>F</u>	Florida	-
			_		• • • • • • • • • • • • • • • • • • • •	
	1. The name of	the corporation: Fast Oil & L	ado Blvd S			
+ Abgrite A	2. The principal	office address: 1431 Del Pi	El 33000			
4-negared	3. The mailing a	address (if different): PO Box	/ille, FL 32635			
		poration/qualification: 9/1/20	***	. P1100	0077681	
		I street address of the current re- rtment of State: (If resigned, ent		I office on file wi	th the	
		Adam Singleton	·			
		2725 Tamiami Trail		·		
		Punta Gorda, FL 3395	50			
pdate4	6. The name and (if changed):	d street address of the new regis	tered agent (if changed) and	/or registered off	ĭce	
		Adam Singleton				
		1431 Del Prado Blvd			201	
	P.O. Box NOT acceptable Cape Coral, FL 33990				030	1
					~ ~	
	The street address changed will	ess of its registered office and t be identical.	he street address of the bus	iness office of its	s registered age	ntern
	Such change wa authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of di been notified in writing of	rectors or by an of the change.	officer so	تغمدية
	- Start	re of an officer or director	12/24/2017	or typed name and title	24 34	_
	I hereby accept I further agree performance of	the appointment as registered to comply with the provisions of my duties, and I am familiar wis document is being filed mere that the corporation has been	agent and agree to act in to If all statutes relative to the ith and accept the obligation	his capacity. proper and compon of my position	plete as revistered	
	1 Popular	6	12/24/2017			
	Sign	mature of Registered Agent		Date		_
	If signing on be	chalf of an entity:				
	т	yped or Printed Name	_			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *